

# Preventive Care Checklist Form<sup>®</sup>

## For average-risk, routine, female health assessments



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**Please note:**

**Bold** = Good evidence (from the Canadian Task Force on Preventive Health Care)  
*Italics* = Fair evidence (from the Canadian Task Force on Preventive Health Care)  
 Plain text = Guidelines (from other Canadian sources)  
 (See reverse for references, insert for explanations)

Name:

Sex:

DOB:

Age:

Health Card:

Tel:

Address:

Date:

### Current Concerns

### Lifestyle/Habits

Diet:

*Fat / Cholesterol*

Fiber

*Calcium*

Sodium

*Smoking:*

*Alcohol:*

Drugs:

*Sexual History:*

Exercise:

Work:

Family:

Relationships:

Family Planning/  
Contraception:

Sleep:

### Update Cumulative Patient Profile

Family History

Medications

Hospitalizations/Surgeries

Allergies

### Functional Inquiry

	Normal	Remarks
HEENT:	<input type="checkbox"/>	
CVS:	<input type="checkbox"/>	
Resp:	<input type="checkbox"/>	
Breasts:	<input type="checkbox"/>	
GI:	<input type="checkbox"/>	
GU/ Menses:	<input type="checkbox"/>	

	Normal	Remarks
Sexual: Function	<input type="checkbox"/>	
MSK:	<input type="checkbox"/>	
Neuro:	<input type="checkbox"/>	
Derm:	<input type="checkbox"/>	
Mental Health:	<input type="checkbox"/>	<i>Depression screen</i> <input type="checkbox"/> <i>positive</i> <input type="checkbox"/> <i>negative</i>
Constitu- tional SX:	<input type="checkbox"/>	

Education/ Counseling          For general population unless otherwise stated	<h4>Behavioural</h4> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>folic acid</b> (0.4-0.8 mg OD, for childbearing women)</li> <li><input type="checkbox"/> <i>adverse nutritional habits</i></li> <li><input type="checkbox"/> <i>adequate calcium intake (1000 to 1500 mg/d)<sup>1</sup></i></li> <li><input type="checkbox"/> <i>adequate vitamin D (200 IU in 50-64, 400-800 IU in ≥ 65 yr)<sup>1</sup></i></li> <li><input type="checkbox"/> <i>regular, moderate physical activity</i></li> <li><input type="checkbox"/> <i>weight loss counseling if overweight</i></li> <li><input type="checkbox"/> <i>avoid sun exposure, use protective clothing</i></li> <li><input type="checkbox"/> <i>safe sex practices/STD counseling</i></li> </ul> <p><b>Smoking</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>smoking cessation</b></li> <li><input type="checkbox"/> <b>nicotine replacement therapy</b></li> <li><input type="checkbox"/> <i>dietary advice on fruits and green leafy vegetables</i></li> <li><input type="checkbox"/> <i>referral to validated smoking cessation program</i></li> </ul>	<p><b>Alcohol</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <i>case finding for problem drinking</i></li> <li><input type="checkbox"/> <i>counseling for problem drinking</i></li> </ul> <p><b>Elderly</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>cognitive assessment</b> (if concerns)</li> <li><input type="checkbox"/> <b>fall assessment</b> (if history of falls)</li> </ul> <p><b>Oral Hygiene</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <i>brushing/flossing teeth</i></li> <li><input type="checkbox"/> <b>fluoride (toothpaste/supplement)</b></li> <li><input type="checkbox"/> <i>tooth scaling and prophylaxis</i></li> <li><input type="checkbox"/> <b>smoking cessation</b></li> </ul>	<p><b>Personal Safety</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>hearing protection</b></li> <li><input type="checkbox"/> <b>noise control programs</b></li> <li><input type="checkbox"/> <b>seat belts</b></li> </ul> <p><b>Parents with children</b></p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <i>poison control prevention</i></li> <li><input type="checkbox"/> <i>smoke detectors</i></li> <li><input type="checkbox"/> <i>non-flammable sleepwear</i></li> <li><input type="checkbox"/> <i>hot water thermostat settings (&lt;54°C)</i></li> </ul>
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**Disclaimer:** This form is a guide to the adult periodic health examination. Last updated January 2007. The recommendations are for average-risk adults.



Name: \_\_\_\_\_

**Physical Examination**

HR: \_\_\_\_\_ BP: \_\_\_\_\_ RR: \_\_\_\_\_ HT: \_\_\_\_\_ WT: \_\_\_\_\_ BMI: \_\_\_\_\_  
 Waist Circumference: \_\_\_\_\_ Ratio: \_\_\_\_\_  
 Hip Circumference: \_\_\_\_\_

Eyes: \_\_\_\_\_ Snellen sight card: R \_\_\_\_\_  
 L \_\_\_\_\_

**Breasts:**

Nose: \_\_\_\_\_ Abdo: \_\_\_\_\_

Ears: \_\_\_\_\_ whispered voice test: R \_\_\_\_\_  
 L \_\_\_\_\_

Ano-Rectum:

Mouth/Throat: \_\_\_\_\_ Pelvic:  Pap

Neuro:

Neck/Thyroid:

Derm:

CVS:

MSK/Joints:

Resp:

Extremities:

Age	21-64 years	≥ 65 years
Labs/Investigations	<input type="checkbox"/> <b>Mammography</b> (50-69 yrs, q1-2 yrs; consider if 40-49 yrs) <input type="checkbox"/> <b>Hemoccult multiphase q1-2 years</b> (age ≥50) OR <input type="checkbox"/> Sigmoidoscopy OR <input type="checkbox"/> Colonoscopy <input type="checkbox"/> Cervical Cytology q1-3 yrs (sexually active until age 69) <input type="checkbox"/> <b>Gonorrhea/Chlamydia/Syphilis/HIV/HBV<sup>5</sup></b> screen (high risk) <input type="checkbox"/> Fasting Lipid Profile (≥50 yr or postmenopausal or sooner if at risk) <sup>2</sup> <input type="checkbox"/> Fasting Blood Glucose, at least q3 yrs (≥40 yr or sooner if at risk) <sup>3</sup> <input type="checkbox"/> Bone Mineral Density if at risk <sup>1</sup>	<input type="checkbox"/> <b>Mammography</b> (until age 69; q1-2 yrs) <input type="checkbox"/> <b>Hemoccult Multiphase q1-2 years</b> OR <input type="checkbox"/> Sigmoidoscopy OR <input type="checkbox"/> Colonoscopy <input type="checkbox"/> Audioscope (or inquire/whispered voice test) <input type="checkbox"/> Fasting Lipid Profile <sup>2</sup> <input type="checkbox"/> Fasting Blood Glucose, at least q3 yrs (more often if at risk) <sup>3</sup> <input type="checkbox"/> Bone Mineral Density, q1-2 years if abnormal, q2-3 years if normal <sup>1</sup>
Immunizations	<input type="checkbox"/> Tetanus vaccine q10yr <input type="checkbox"/> Influenza vaccine q1yr <input type="checkbox"/> Rubella vaccine <input type="checkbox"/> Rubella Immunity <input type="checkbox"/> Varicella vaccine (2 doses) <input type="checkbox"/> Varicella Immunity <input type="checkbox"/> Pneumococcal vaccine (high risk) <sup>4</sup> <input type="checkbox"/> Acellular pertussis vaccine <sup>4</sup> <input type="checkbox"/> Human papilloma virus vaccine (3 doses) (age 9-26) <sup>4</sup>	<input type="checkbox"/> Tetanus vaccine q10yr <input type="checkbox"/> Influenza vaccine q1yr <input type="checkbox"/> Varicella vaccine (2 doses) <input type="checkbox"/> Varicella Immunity <input type="checkbox"/> Pneumococcal vaccine <sup>4</sup> <input type="checkbox"/> Acellular pertussis vaccine <sup>4</sup>

**Assessment and Plans:**

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**References**

- Unless otherwise stated, recommendations come from the Canadian Task Force on Preventive Health Care: *The Canadian Guide to Clinical Preventive Health Care*. Ottawa: Minister of Supply and Services Canada and <http://www.ctfphc.org/>
- Scientific Advisory Board, Osteoporosis Society of Canada. Clinical practice guidelines for the diagnosis and management of osteoporosis. *CMAJ* 2002;167(10 suppl):S1-34.
  - Working Group on Hypercholesterolemia and Other Dyslipidemias. Recommendations for the management and treatment of dyslipidemia and the prevention of cardiovascular disease: 2006 update. *Can J Cardiol* 2006;22(11) 913-927.
  - Canadian Diabetes Association Clinical Practice Guidelines Expert Committee. Canadian Diabetes Assn 2003 Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada. *Can J Diabetes*. 2003;27 (Suppl 2).
  - National Advisory Committee on Immunization. *Canadian Immunization Guide*, 7th edition. Ottawa: Minister of Public Works and Government Services Canada; 2006.
  - Expert Working Group on Canadian Guidelines for STIs. *Canadian Guidelines on Sexually Transmitted Infections*, 2006 edition. Ottawa: Public Health Agency of Canada.

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